PTO/SB/21 (09-04) (AW 10/2004),
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	Total Number of Pages in This Submission 16	Attorney Docket No.	RPI-109US
AND THAT THAT THE	Tel IN also of Para in This Outside in 10	Examiner Name	John B. Strege
A DEC A	(to be used for all correspondence after initial filing)	Art Unit	2625
DEC 3.3 JULY E	1	First Named Inventor	Khalid Al-Kofah
(A) (A) (B)	TRANSMITTAL	Filing Date	January 28, 200
OPE 16		Application Number	10/058,543

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Fee A PTO- Amendment After Affida Extension o Express Aba Information Certified Co Response to Incomplete A Response to Response	insmittal Form ee Attached TO-2038 Attached			Drawing(s) Licensing-relate Petition Petition to Conversional App Power of Attorn Change of Corre Address Terminal Discla Request for Ref	ed Papers vert to a lication ey, Revocation, espondence imer fund		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): n Postcard
		SIGNATURE	OF A	PPLICANT, AT	TORNEY OR A	GENT	
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Typed or Printed N	Typed or Printed Name Kathleen P. Carney					Date	December 20, 2005

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Fees pursuant to the Cons				Application	Number	10/058,543		
FEE TRANSMITTAL For FY 2005		Filing Date	Filing Date January 28, 2002					
		First Named	Inventor	Khalid Al-Kofahi				
Applicant claims small entity status. See 37 CFR 1.27				Examiner N	ame	John B. Strege		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2625			
TOTAL AMOUNT OF	PAYMENT (\$) 310		Attorney Do	cket No.	RPI-109US		
METHOD OF PAYMI				1				
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FEE CALCULATION								
1. BASIC FILING, SE	ARCH, AND EX	AMINATIO	N FEES					
	FILING F	EEC	CEAD	CH FEES	S EXAMINATION FEES			
		⊏S all Entity	SEAR	Small Entity		Small Entity		
Application Type		Fee (\$)	Fee (\$)	Fee (\$)	Fee		Fees Paid (\$)	
Utility	300	150	500	250	200			
Design	200	100	100	50	130			
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	(0		
2. EXCESS CLAIM F	EES						<u>Small</u>	Entity
Fee Description	_						Fee (\$)	Fee
Each claim over 20) (including Reiss	sues)					50	25
Each independent	, ,	•	sues)				200	100
Multiple dependent	•		,				360	180
Total Claims	Extra Claim	ns Fo	ee (\$) <u>F</u>	ee Paid (\$)	<u>Multiple</u> D	ependent Claims		_
27 - 25 or H				50	Fee (\$)	Fee Paid (\$)		
HP = highest number of total da			00 (\$) E	ee Paid (\$)				
Indep. Claims	Extra Claim = 2	_ x <u>1</u>		200				
/ - 5 Or HF								
7 - 5 or HF		greater than 3						
HP = highest number of indeper	ndent claims paid for, it	greater than 3						
HP = highest number of indeper 3. APPLICATION SIZ	ndent daims paid for, il			dina alastronica	lly filed see:	ience or computer list	ings under 37 CFP 1 6	52(e))
HP = highest number of indeper 3. APPLICATION SIZE If the specification are	ndent daims paid for, it ZE FEE d drawings exceed	100 sheets of	f paper (exclu	ding electronical	lly filed sequ	ience or computer list See 35 U.S.C. 41(a	ings under 37 CFR 1.5 ()(1)(G) and 37 CFR 1.	52(e)), 16(s).
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